

* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 8/31/2016

N00994664
Ministerios El Jordan
ELIUD H VILLATORO
212 N. MAIN ST.
CARTHAGE MO 64836

ORGANIZED UNDER THE LAWS OF:
Missouri

PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:

*
1 1705 S Baker Blvd (Required)
STREET Carthage Mo 64836
CITY / STATE ZIP

If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

☐ The new registered agent

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☐ The new registered office address

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST PRESIDENT AND SECRETARY BELOW

PRESIDENT Eliud H Villatoro (Required)
STREET 905 Valley St
CITY/STATE/ZIP Carthage Mo 64836
V-PRES Edilma J Villatoro
STREET 905 Valley St
CITY/STATE/ZIP Carthage Mo 64836
SECRETARY Edgar Poros (Required)
STREET 206 N Main St
CITY/STATE/ZIP Carthage Mo 64836
TREASURER Efrain Coquis
STREET 406 Walnut St Apt 3
CITY/STATE/ZIP Carthage Mo 64836

BOARD OF DIRECTORS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW

NAME Ruth Cifuentes (Required)
STREET 212 N Main St
CITY/STATE/ZIP Carthage Mo 64836
NAME Samuel Hernandez
STREET 708 Howard St
CITY/STATE/ZIP Carthage Mo 64836
NAME Eddy Fuentes
STREET 210 N Main St
CITY/STATE/ZIP Carthage Mo 64836
NAME _____
STREET _____
CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here

Please print name and title of signer:

X Eliud H Villatoro (Required)
NAME TITLE
Ministerios el Jordan

REGISTRATION REPORT FEE IS:

___ \$15.00 If filed on or before 8/31/2016
___ \$20.00 If filed after 8/31/2016

Corporation will be administratively dissolved if report is not filed by 11/30/2016

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

ORI-08252016-0816 State of Missouri

No of Pages 1 Page



Annual Report - Non-Profit

REQUIRED INFORMATION MUST BE COMPLETE OR
RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1300, Jefferson City, MO 65102